

Attorney's Docket No.: 16592-010004

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Number of pages including this page 4

Applicant : Robert T. Foster et al.  
Serial No. : 09/987,370  
Filed : November 14, 2001  
Patent No. : 6,818,200  
Issue Date : November 16, 2004

Art Unit : 1616  
Examiner : Michael G. Hartley

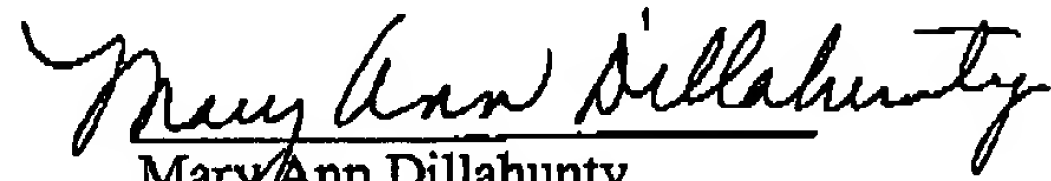
Title : Method of Using Deuterated Calcium Channel Blockers

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attached to this facsimile communication cover sheet is a Request for Permission to Withdraw as Attorney of Record and a Fee Address Indication form, faxed this 5<sup>th</sup> day of November, 2004, to the United States Patent and Trademark Office.

Respectfully submitted,

Date: November 5, 2004

  
Mary Ann Dillahunty  
Reg. No. 34,576

Fish & Richardson P.C.  
500 Arguello Street, Suite 500  
Redwood City, California 94063  
Telephone: (650) 839-5070  
Fax: (650) 839-5071

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November 5, 2004  
Date of Transmission

  
Signature

Maria Regina Catia

Typed or Printed Name of Person Signing Certificate

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No. : 09/987,370  
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Attention: Group Director  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

REQUEST FOR PERMISSION TO WITHDRAW AS ATTORNEY OF RECORD

The undersigned attorney, on behalf of herself and the other attorneys of record, who are members or associates in the firm of FISH & RICHARDSON P.C., or who were so listed at the time of their appointment, and on behalf of any associate attorneys appointed by any of the attorneys on whose behalf this petition is filed, including the following: Practitioners registered under Customer Number 26181, requests the approval of the Commissioner to withdraw as attorney(s)/agent(s) of record.

The present mailing address of the attorney(s)/agent(s) of record is:

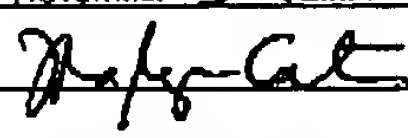
Customer Number 26181  
FISH & RICHARDSON P.C.  
500 Arguello Street, Suite 500  
Redwood City, California 94063

The present mailing address of the applicant is:

Customer Number 39881  
ISOTECHNIKA INC.  
Suite 100  
17301 Norther Perimeter Drive  
Scottsdale, Arizona 85255

## CERTIFICATE OF TRANSMISSION BY FACSIMILE

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Date of Transmission November 5, 2004  
Signature   
Typed or Printed Name of Person Signing Certificate Maria Regina Catlis

Applicant : Robert T. Foster et al.  
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Page : 2 of 2

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The reasons for which the permission of the Commissioner is sought for withdrawal of the attorney(s)/agent(s) of record is at the request of the assignee/applicant.

Notice of the attorney's request to withdraw is being sent simultaneously to the applicant and the relevant papers and files will immediately be sent to the applicant upon approval of the request by the Commissioner.

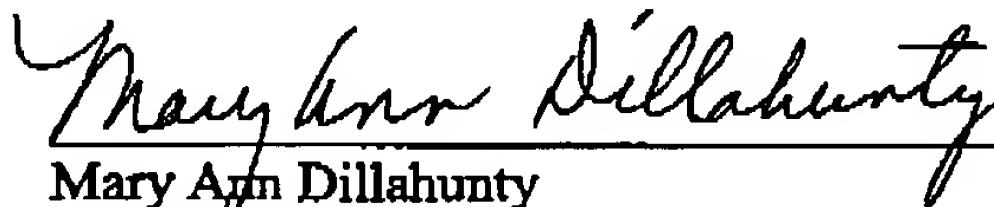
At least thirty days remain for the applicant to take any action due in this case or an appropriate request for extension of time accompanies this request seeking additional time. The attorney(s)/agent(s) on whose behalf this petition is filed will ensure that the applicant has sufficient time after approval of this request to reply or employ another to reply to any outstanding requirement of the Patent and Trademark Office.

Two copies of this request are filed herewith. The Commissioner is authorized to apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: \_\_\_\_\_

11/5/04



Mary Ann Dillahunty  
Reg. No. 34,576

Fish & Richardson P.C.  
500 Arguello Street, Suite 500  
Redwood City, California 94063  
Telephone: (650) 839-5070  
Facsimile: (650) 839-5071

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FISH &amp; RICHARDSON P.C.

PTO/SB/47 (05-03)

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in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
6,818,200	09/987,370

Completed by (check one):

☐ Applicant/Inventor

☒ Attorney or Agent of record 34,576  
(Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

Mary Ann Dillahunty  
Signature

Mary Ann Dillahunty  
Typed or printed name

(650) 839-5070  
Requester's telephone number

November 5, 2004  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below \*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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